

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Jarvis Dortch
 Address 408 Ridge Park Cove County Hinds
 Telephone 601 983 9344 Fax _____
 Office Sought House District 66 Email Address jarvisdortch@gmail.com



Check here if above is different from previous report

____ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 250 + \$ 400	\$ 650	\$ 650
Total amount of disbursements	\$ 450 + \$ 325	\$ 775	\$ 775
Total amount of cash on hand		\$ 1,098.95	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate [Signature]

Date 1/31/17

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee

Jarvis Dortch

Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>National Black Caucus of State Legislators</u>	<u>12/1/14</u>	<u>\$ 450.00</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Jarvis Dort

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comprehensive Health Management		6 / 16 / 14	\$ 250.00
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____ / ____ / ____	\$ _____
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____ / ____ / ____	\$ _____
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____ / ____ / ____	\$ _____
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____